

Fill in this Information to identify the case:

United States Bankruptcy Court for the Western District of Washington

Case Number: 04-24258

Debtor 1 Gerald A Constantino  
First Name Middle Name Last Name

Debtor 2  
First Name Middle Name Last Name

FILED  
Western District of Washington  
at Seattle

APR 28 2021

MARK L. HATCHER, CLERK  
OF THE BANKRUPTCY COURT

Local Forms W.D. Wash. Bankr. Form 12 (12/1/19)

## APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

### 1. Claim Information

For the benefit of the Claimant(s)<sup>1</sup> named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	3587.42
Claimant's Name:	Best Capital Services LLC/ Shawn C Rice in behalf of Fredrick Constantino
Claimant's Current Mailing Address, Telephone Number:	PO Box 93 Cohutta.Ga 30710

### 2. Applicant Information

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☒ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

### 3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> The Owner of Record is the original payee.

#### 4. Notice to United States Attorney



Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney  
Western District of Washington  
700 Stewart Street  
Suite 5220  
Seattle, WA 98101-1271

#### 5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 4/26/21

[Signature]  
Signature of Applicant

SHAWN C. RICE  
Printed Name of Applicant

Address: P.O. Box 93

Columbia, Ga 30710

Telephone: (334) 790-1178

Email: bartecapital@verizon.net@gmail

#### 5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

#### 6. Notarization

STATE OF Georgia

COUNTY OF Whitfield

This Application for Unclaimed Funds, dated

Shawn C. Rice was subscribed and sworn to before  
me this 26 day of April, 2021 by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL) Notary Public [Signature]

My commission expires: August 11, 2024

#### 6. Notarization

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This Application for Unclaimed Funds, dated

\_\_\_\_\_ was subscribed and sworn to before  
me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to within the instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_